

County _____ Item No. _____
 Federal No. _____ State No. _____
 Road Name _____
 From Station _____ To Station _____

| |
|--|
| |
|--|

Traffic Control Plan ☐ _____
DATE

Class of Highway _____

If B is less than A, has design speed selection been documented and approved by Director, Division of Design?

Type of Access Control _____

Spacing (if Partial Control of Access) _____

Actual agrees with Geometric Design Sheet ☐ Yes ☐ No

Location Engineer _____ DATE _____